

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient trial spinal cord stimulator (SCS) under fluoroscopy with intravenous (IV) sedation as related to the lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Anesthesiology/Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

The reviewer finds that medical necessity does not exist for Outpatient trial spinal cord stimulator (SCS) under fluoroscopy with intravenous (IV) sedation as related to the lumbar spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

MRI of lumbar spine 08/30/07

Lumbar myelogram followed by post myelogram CT lumbar spine dated 04/29/09

Physical therapy and rehab notes dated 02/14/11

Chart note dated 06/13/11

Initial pain evaluation and follow-up notes dated 08/15/11-04/30/12

Chart note 09/26/11

Notice of intent to issue and adverse determination dated 03/20/12

Notice of utilization review findings dated 03/21/12

Appeal dated 04/25/12

Utilization review findings dated 04/30/12

Notice of intent to issue an adverse determination via telefax dated 05/09/12

Notice of utilization review findings dated 05/10/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female. She has undergone multiple back surgeries including three level fusion in 09/11. According to Dr.'s office notes, she experienced significant relief following a caudal epidural steroid injection. A psychological evaluation on 02/14/11 determined there were no psychological symptoms to indicate the claimant was not a good candidate for spinal cord stimulator. A psychological evaluation from 05/03/12 noted no major depression, personality disorder or significant psychological disorder. Outpatient trial spinal cord stimulator with IV sedation as related to lumbar spine was recommended.

Utilization review determination dated 04/30/12 recommended non-certification of spinal cord stimulator trial. It was noted that the claimant was had epidural steroid injection for left leg

pain which provided significant relief. Reviewer noted under spinal cord stimulator guidance it appears there is conflicting psychological information as there reportedly is no depression yet the claimant claims depression and medication because of Worker's Compensation denials. There is not a clear indication that the claimant is psychologically clear or if the claimant has true depression. There also is no opinion from the doctor regarding the claimant's letter. At present the documentation does not support certification of the request. Clarifying information from a psychological assessment would be needed for reevaluation. A utilization review determination dated 05/10/12 again recommended non-certification of request for spinal cord stimulator trial with IV sedation as related to lumbar spine. The reviewer noted there was discrepancy in what was recorded in psych interview when compared to use of 2 antidepressants and at some point benzodiazepam. It was noted throughout the documentation the claimant is noted to have neuropathy, which in all medical probability is related to more than just her spine. She could have diabetes or possible alcoholic liver disease. It was noted the claimant states she does not drink but it has not been confirmed with GCMS screen.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This patient has undergone multiple back surgeries including multilevel fusion. There is conflicting information from psychological evaluations, which report no depression, whereas the records indicate the patient has reported depression and is taking antidepressant medications. Clarification of these psychological issues has not been provided. It is also unclear as to whether this patient has leg greater than low back pain. The ODG criteria is not satisfied. The reviewer finds that medical necessity does not exist for Outpatient trial spinal cord stimulator (SCS) under fluoroscopy with intravenous (IV) sedation as related to the lumbar spine.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)